

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: DRUG MODEL EXPLORER

Attorney Docket Number:: 021720-001310US

Request for Early Publication:: No

Request for Non-Publication:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 25

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Netherlands
Status:: Full Capacity
Given Name:: Jacob
Middle Name:: W.
Family Name:: Mandema
Name Suffix::
City of Residence:: Atherton
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 191 Selby Lane
City of Mailing Address:: Atherton
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94027

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name:: J.
Family Name:: Schwartz
Name Suffix::
City of Residence:: Mill Valley
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 238 California Avenue
City of Mailing Address:: Mill Valley
State or Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 94941

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Timothy
Middle Name:: Matthew
Family Name:: Sheiner
Name Suffix::
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1760 Alabama Street
City of Mailing Address:: San Francisco
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94110

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name:: Jean-Max
Middle Name::
Family Name:: Vally
Name Suffix::
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 171 Capistrano Avenue
City of Mailing Address:: San Francisco

State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94112

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/511,602	10/14/03

Foreign Priority Information

Country::	Application number::	Filing Date::
-----------	----------------------	---------------

Assignee Information

Assignee Name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::